

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO. | DATE    |
|---------------------------|--------------------|--------|---------|
| FEE DETERMINATION         |                    |        |         |
| O.I.P.E. CLASSIFIER       |                    |        |         |
| FORMALITY REVIEW          |                    |        |         |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> |        | 2-17-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
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Best Available Copy